

REQUEST FOR

LIFE CONVERSION

COVERAGE



State of South Carolina State Agencies  
and Other Participating Groups

## REQUEST FOR LIFE CONVERSION COVERAGE

**LIFE CONVERSION COVERAGE** is individual universal life insurance available when your coverage under the in-force group policy terminates. It is issued without evidence of insurability, provided you apply: a) within **31** days after your coverage under the in-force group policy terminates; or b) within **15** days after you receive this brochure with the appropriate **Notice of Conversion Privilege** section completed by your employer or plan administrator, whichever is later. **In no event, however, can Life Conversion Coverage be applied for more than 91 days after the date your coverage under the in-force group policy terminates.**

If your coverage terminates for a reason other than termination of the group policy or termination of insurance for your employee class, you can convert any amount of coverage (in thousand-dollar increments) up to the benefit amount you had under your group coverage, provided you comply with the requirements outlined in this brochure. If, however, your coverage ends because of termination of the group policy or insurance for your class, then you may only convert up to \$10,000 and then, only if you have been insured under THIS policy for at least five (5) years.

The converted policy will be effective on the 32nd day after your group coverage terminates. During the prior 31-day period, you will remain covered under the Continued Coverage provision of your group certificate. Hartford Life and Accident Insurance Company has the right to make the final decision on your eligibility for conversion.

In order to convert your group coverage to individual universal life insurance, you must:

1. Make sure the section, "Information to be Completed by Group Policyholder," of the attached **Notice of Conversion Privilege** is accurately and fully completed by your employer or plan administrator.
2. Accurately and fully complete the application on the back side of the attached **Notice of Conversion Privilege**. Use dark ink and write plainly. Do not erase; corrections should be crossed out and initialed by you. Answer each question fully; do not use dashes or ditto marks.
3. Make out your check or money order for the first quarterly, semi-annual or annual payment payable to **Hartford Life and Accident Insurance Company**. If you elect Check-O-Matic (C-O-M) premium payments (see Terms and Definitions below) please submit a check equal to 3 times the C-O-M premium (for the first 3 months). After that initial payment, premiums can be automatically deducted from your checking account on a monthly basis.
4. **Mail your completed application and premium payment to the address below within 31 days after your group coverage ends, or within 15 days from the date you receive your Notice of Conversion Privilege, whichever is later, as long as your complete application is not mailed more than 91 days from your coverage termination date.**

**Send application with the first premium payment, and/or request for additional information, to:**

**Hartford Life and Accident Insurance Company**

Conversion Unit  
P.O. Box 248108  
Cleveland, OH 44124-8108  
Telephone (877) 320-0484

Note: Requests for additional information will extend the conversion period by a maximum of 15 days.

### TERMS AND DEFINITIONS

Check-O-Matic (C-O-M) - This is a premium payment option whereby Hartford Life and Accident Insurance Company automatically withdraws the premium from your checking account on a monthly basis. If you select this option, you will be sent an authorization for signature and asked to submit a voided check.

Automatic Premium Loan Provision (APL) - If you elect this option, Hartford Life and Accident Insurance Company will automatically process a policy loan to pay any Premium Payment which is not paid by the end of its grace period. You may elect this option on the application or by requesting it in writing as long as no Premium Payment is currently outstanding beyond its due date.

The APL will not be available if (a) you revoke the election in writing, or (b) the loan amount needed to pay an unpaid Premium Payment would exceed the Cash Surrender Value on the Premium Payment due date.

# COMPUTATION OF PREMIUM FOR YOUR UNIVERSAL LIFE INSURANCE POLICY

The basic rates for each \$1,000 of converted coverage are shown below. The basic rate you should use in computing your cost depends upon: a) your age and b) the amount of coverage you are converting:

- your "age" is determined by your last birthday as of the date of the application. (Example: an individual applying on June 15 who will turn 46 in August of the same year should use age 45 in computing his cost.)
- you may generally convert any amount of coverage (in thousand-dollar increments) up to the life benefit you had prior to termination of your group coverage. If, however, your coverage ends because of termination of the group policy or insurance for your class, then you may only convert up to \$10,000 and then, only if you have been insured under THIS policy for at least five (5) years.

## COMPUTATION OF COST:

- Decide how much of your group coverage you wish to convert.
- Locate the annual premium for your age and gender by \$1,000 of coverage.
- Multiply your annual rate times each \$1,000 of coverage desired.
- Add \$57.71 Annual Policy Fee.
- Decide if you want to pay on an annual, semi-annual, quarterly or C-O-M basis (Payment Frequency)
- Divide the result of Step 4 by 2 if you wish to pay semi-annually; by 4 if you wish to pay quarterly or by 12 if you wish to pay monthly.

### Examples: Male

A) Age ..... 31  
 Coverage Amount Requested.....\$26,000  
 Payment Frequency Desired..... Quarterly  
 Rate = \$13.27 per \$1,000 of coverage amount

	26.00	
x	13.27 <-- Rate	
	345.02	
+	57.71 <-- Annual Policy Fee	
	402.73	
÷	4 <-- Quarterly Modal Factor	
	100.68 <-- Quarterly Premium for a 31 year old male converting \$26,000	

### Female

B) Age ..... 50  
 Coverage Amount Requested..... \$75,000  
 Payment Frequency Desired .....Semi-Annual  
 Rate = \$25.21per \$1,000 of coverage amount

	75.00	
x	25.21 <-- Rate	
	1890.75	
+	57.71 <-- Annual Policy Fee	
	1948.46	
÷	2 <-- Semi-Annual Modal Factor	
	974.23 <-- Semi-Annual Premium for a 50 year old female converting \$75,000	

## GROUP LIFE CONVERSION RATES - LIFE SOLUTIONS I

Rates last updated 5/7/2001

Guideline Level (Annual) Premiums per \$1,000 of Face Amount

Annual policy Fee amount to be added = **\$57.71**

Annual Premium = (Rate x Face Amount) + \$57.71

### California & Pennsylvania

Age	Male Rates	Female Rates
0	3.23	2.71
1	3.33	2.80
2	3.44	2.89
3	3.56	2.99
4	3.68	3.09
5	3.82	3.20
6	3.96	3.32
7	4.11	3.44
8	4.27	3.57
9	4.44	3.70
10	4.61	3.85
11	4.79	3.99
12	4.99	4.15
13	5.18	4.31
14	5.37	4.47
15	7.29	5.55
16	7.59	5.76
17	7.89	5.98
18	8.20	6.20
19	8.52	6.44
20	8.85	6.69
21	9.16	6.95
22	9.48	7.23
23	9.83	7.52
24	10.20	7.83
25	10.59	8.14
26	11.02	8.50
27	11.49	8.87
28	11.98	9.26
29	12.50	9.67
30	13.06	10.10
31	13.69	10.56
32	14.36	11.04
33	15.06	11.54
34	15.80	12.07
35	16.58	12.62
36	17.43	13.25
37	18.31	13.90
38	19.25	14.58
39	20.23	15.29
40	21.26	16.02
41	22.39	16.79
42	23.58	17.58
43	24.83	18.40
44	26.14	19.27
45	27.52	20.17
46	28.88	21.15
47	30.32	22.18
48	31.85	23.27
49	33.46	24.40
50	35.16	25.60

### All States, except NJ, NY CA, PA

Age	Male Rates	Female Rates
0	2.97	2.47
1	3.07	2.56
2	3.18	2.65
3	3.29	2.74
4	3.41	2.83
5	3.54	2.94
6	3.67	3.05
7	3.82	3.16
8	3.97	3.29
9	4.14	3.42
10	4.31	3.55
11	4.49	3.69
12	4.67	3.84
13	4.86	4.00
14	5.05	4.16
15	6.94	5.22
16	7.24	5.42
17	7.53	5.63
18	7.83	5.86
19	8.15	6.09
20	8.47	6.33
21	8.77	6.58
22	9.09	6.86
23	9.43	7.14
24	9.80	7.45
25	10.19	7.76
26	10.62	8.11
27	11.07	8.48
28	11.56	8.87
29	12.09	9.28
30	12.64	9.70
31	13.27	10.15
32	13.93	11.63
33	14.64	11.13
34	15.38	11.66
35	16.16	12.21
36	17.00	12.84
37	17.89	13.49
38	18.83	14.17
39	19.81	14.88
40	20.85	15.62
41	20.98	16.38
42	23.18	17.17
43	24.43	18.00
44	25.75	18.86
45	27.13	19.77
46	28.50	20.75
47	29.94	21.79
48	31.47	22.87
49	33.08	24.11
50	34.79	25.21

### California & Pennsylvania

Age	Male Rates	Female Rates
51	37.12	26.89
52	39.19	28.26
53	41.36	29.70
54	43.65	31.21
55	46.04	32.80
56	48.32	34.30
57	50.73	35.91
58	53.27	37.62
59	55.96	39.45
60	58.80	41.42
61	61.56	43.40
62	64.47	45.52
63	67.53	47.79
64	70.73	50.18
65	74.10	52.72
66	77.37	55.48
67	81.87	58.43
68	86.11	61.63
69	90.64	65.11
70	95.45	68.90
71	100.50	72.99
72	105.83	77.41
73	111.43	82.14
74	117.25	87.20
75	123.30	92.58
76	129.55	98.31
77	136.05	104.41
78	142.83	110.97
79	149.99	118.04
80	157.55	125.68
81	157.55	125.68
82	157.55	125.68
83	157.55	125.68
84	157.55	125.68
85	157.55	125.68
86	157.55	125.68
87	157.55	125.68
88	157.55	125.68
89	157.55	125.68
90	157.55	125.68
91	157.55	125.68
92	157.55	125.68
93	157.55	125.68
94	157.55	125.68
95	157.55	125.68
96	157.55	125.68
97	157.55	125.68
98	157.55	125.68
99	157.55	125.68

### All States, except NJ, NY, CA, PA

Age	Male Rates	Female Rates
51	36.76	26.51
52	38.83	27.88
53	41.01	29.32
54	43.31	30.84
55	45.72	32.43
56	48.00	33.94
57	50.41	35.54
58	52.95	37.25
59	55.65	39.09
60	58.50	41.07
61	61.26	43.05
62	64.18	45.18
63	67.24	47.44
64	70.46	49.85
65	73.83	52.39
66	77.61	55.15
67	81.61	58.11
68	85.86	61.32
69	90.40	64.80
70	95.22	68.60
71	100.28	72.71
72	105.62	77.13
73	111.22	81.88
74	117.06	86.95
75	123.12	92.33
76	129.37	98.07
77	135.87	104.18
78	142.67	110.75
79	149.83	117.83
80	157.40	125.49
81	157.40	125.49
82	157.40	125.49
83	157.40	125.49
84	157.40	125.49
85	157.40	125.49
86	157.40	125.49
87	157.40	125.49
88	157.40	125.49
89	157.40	125.49
90	157.40	125.49
91	157.40	125.49
92	157.40	125.49
93	157.40	125.49
94	157.40	125.49
95	157.40	125.49
96	157.40	125.49
97	157.40	125.49
98	157.40	125.49
99	157.40	125.49

THESE RATES PROVIDE APPROXIMATE INFORMATION ONLY

The conversion product and its rates are subject to change at any time.

Quote estimates can also be obtained for NJ and NY as well as other states by calling (800) 548-5157

## NOTICE OF CONVERSION PRIVILEGE

Information for Policyholder or Administrator

Covered individuals should be notified of any conversion rights when all or a portion of their group coverage is terminating. Failure to do so may impact the individual's right to conversion. Most group plans allow conversion of life insurance when an individual's eligibility under the group plan is lost. The converted benefits are NOT the same as those under the group plan.

Employee/members and/or dependents lose eligibility under most group plans upon:

- 1) Termination of employment or membership.
- 2) Death of employee/member, which may cause the surviving spouse or dependent children to lose eligibility.
- 3) Divorce of a covered spouse from the employee/member.
- 4) A covered person reaching a limiting age.
- 5) Termination of the Plan. In this event, there may be no conversion rights.
- 6) Automatic Reduction Due to Age.

### BENEFIT ADMINISTRATORS

#### TO GIVE PROPER NOTICE OF CONVERSION RIGHTS

It is extremely important that you notify covered individuals of their conversion rights **no later than 10 days from the termination of coverage and be able to document that you've done so by:**

- 1) Completing "Information To Be Completed By Group Policyholder" on this page. Make certain to include date and signature.
- 2) Making a photocopy of this page for your records.
- 3) Giving this brochure to the terminating individual, or mailing it to his/her last known address. Advise him/her to complete the application portion of the brochure and forward it with payment to the Conversion Unit within the timeframes described in paragraph 4 on the Request for Life Conversion instruction form.

If you have any questions on how to complete this form, you may call the Conversion Unit at (800) 548-5157.

### INFORMATION TO BE COMPLETED BY GROUP POLICYHOLDER

Name of Employee/Member

Name of Policyholder

**SC Budget and Control Board  
Employee Insurance Program**

Group or Policy Number(s) ☐

☐ Basic Life GL-674267

☐ Optional Life GL-33913

☐ Retiree Life Prior to Jan 1, 1994 GL-24597

Name of Participating Entity

#### COVERAGE IS TERMINATING FOR:

☐ Employee/Member named above

☐ Other (Name)

#### DATE OF GROUP COVERAGE TERMINATION:

**LAST DATE EMPLOYEE WORKED ON AN ACTIVE,  
FULL TIME BASIS:**

#### THIS INDIVIDUAL IS: (please check)

☐ A terminating employee/member

☐ A surviving spouse or child of deceased employee/member

☐ A divorced spouse of an employee/member

☐ Other (please explain)

☐ A child who no longer qualifies as a dependent

Is coverage being terminated on all or a class of employees or members? ☐ No ☐ Yes

#### COVERAGE CARRIED UNDER GROUP:

	Optional Life Amount	Optional Life Enrollment Date	Basic Life Amount	Basic Enrollment Date
Employee/Member <input type="checkbox"/> NO <input type="checkbox"/> YES	\$		\$	
Spouse/Child <input type="checkbox"/> NO <input type="checkbox"/> YES	\$		N/A	N/A

**If coverage ends because of termination of the group policy or insured class, and the employee has been insured under the policy for at least five years, the converted life insurance benefit may not exceed \$10,000.**

**To the best of my knowledge, the foregoing information is true and accurate.**

Date Notice Completed	Signature of Employer/Administrator	Title	Telephone ( )
-----------------------	-------------------------------------	-------	------------------

**APPLICATION FOR CONVERSION FROM GROUP INSURANCE****HARTFORD LIFE AND ACCIDENT INSURANCE COMPANY**  
**HARTFORD, CONNECTICUT 06104-2999****USE  
BLACK INK  
ONLY****Application to Hartford Life and Accident Insurance Company**

Application for converting group life insurance policy coverage to individual life insurance policy coverage as permitted under the terms and conditions of the group insurance policy.

<b>1. Print — Name and Address of Proposed Insured</b> First Name                      Middle Initial                      Last Name <div></div> Street No. <div></div> City    State                      Zip Code		<b>10. Issue</b> <input type="checkbox"/> with Automatic Premium Loan Provision <input type="checkbox"/> without Automatic Premium Loan Provision
<b>2. Birth Date</b> Month      Day      Year	<b>3. Social Security Number</b> <div></div>	
<b>4. Gender</b> <input type="checkbox"/> Male <input type="checkbox"/> Female		
<b>5. Conversion request because of</b> <input type="checkbox"/> Termination of Employment or Eligibility for Insurance <input type="checkbox"/> Termination of Group Coverage <input type="checkbox"/> Reduction in Coverage		
<b>6. Date Group Insurance Terminated</b> <div></div>		
<b>7. Name all Present Occupations and Describe Duties</b> <div></div>		
<b>11. Beneficiary</b> <div><b>Primary</b> <div>(First Name)                      (Middle Initial)                      (Last Name)</div><div>(Relationship to Proposed Insured )                      (Social Security Number)</div></div> <div><b>Secondary</b> <div>(First Name)                      (Middle Initial)                      (Last Name)</div><div>(Relationship to Proposed Insured )                      (Social Security Number)</div></div>		
<b>12. Corrections and Amendments (Hartford Life and Accident Insurance use only)</b> <div></div>		
<b>13. State Special Requests</b> <div></div>		
<b>8. Premiums payable</b> <input type="checkbox"/> Ann. <input type="checkbox"/> Semi. <input type="checkbox"/> Qtly. <input type="checkbox"/> C-O-M		
<b>9. Amount (Not to exceed amount available for conversion by the terms of the Group Policy.)</b>  \$ <div></div>		

I declare that, to the best of my knowledge and belief, all of the answers herein are complete and true. I agree that: (1) the answers herein are to be considered the basis for any insurance issued; (2) the policy applied for: (a) shall not take effect unless the entire first premium has been paid within 31 days after the date my employment terminated and (b) in no event shall take effect until the date specified in the Conversion Privilege Provision of the Policy; and (3) only the SC Budget and Control Board Employee Insurance Program can make, alter or discharge contracts, or waive any of the Company's rights or requirements.

**OWNERSHIP:** Unless otherwise stated, the policy shall be owned by the Applicant, if other than the Proposed Insured.Date at \_\_\_\_\_ this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ Proposed Insured \_\_\_\_\_  
City and State                      Month                      Year                      Sign name in fullApplicant \_\_\_\_\_  
Sign name in full

This brochure explains the general purposes of the insurance described, but in no way changes or affects the policy as actually issued. In the event of any discrepancy between this and the policy, the terms of the policy apply. Complete details are in the certificate of insurance issued to each insured individual.

Underwritten by  
Hartford Life and Accident Insurance Company

